

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20 11	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>Keep Your Faith Corporation</u> Doing Business As <u>Non-profit</u> Number and street (or P O box if mail is not delivered to street address) <u>1046 Garden St</u> City or town, state or country, and ZIP + 4 <u>Charleston, WV 25302</u>
	D Employer identification number <u>92-1710754</u>
	E Telephone number <u>(304) 382-6698</u>
	F Name and address of principal officer
	G Gross receipts \$
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" attach a list (see instructions) H(c) Group exemption number ▶
J Website: ▶	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation M State of legal domicile

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>Help children and Adults overcome reading and spelling difficulties</u>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 <u>9</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>0</u>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 <u>0</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>12</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a <u>0</u>
7b	Net unrelated business taxable income from Form 990-T, line 34	7b <u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2010 <u>\$25.00</u> Current Year 2011
	9	Program service revenue (Part VIII, line 2g)	<u>0</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6, 7c, 8c, 9c, 10c, and 11e)	<u>0</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (C), line 12)	<u>0</u>
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	<u>\$100.00</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>\$26.41</u>
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>\$26.41</u>
	19	Revenue less expenses Subtract line 18 from line 12	<u>\$26.41</u>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 2010 <u>\$200.00</u> End of Year 2011
	21	Total liabilities (Part X, line 26)	<u>0</u>
	22	Net assets or fund balances Subtract line 21 from line 20	<u>\$200.00</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>Daniel Miller</u>	Date <u>February 19, 2011</u>			
	Type or print name and title <u>Daniel Miller - Executive Director</u>				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no	
	Firm's address ▶				
	May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010) 3

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission:

Help children and Adults overcome reading and spelling difficulties

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O

- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)4b (Code _____) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)4c (Code _____) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)4d Other program services (Describe in Schedule O)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)4e Total program service expenses 0

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		<input checked="" type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C Part III		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		<input checked="" type="checkbox"/>
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	<input checked="" type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	<input checked="" type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	X
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	X
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders.	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	X
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	X
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b 0	
c Enter the amount of reserves on hand.	13c 0	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☐

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 5	
b Enter the number of voting members included in line 1a, above, who are independent	1b 0	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5 <input checked="" type="checkbox"/>	
6 Does the organization have members or stockholders?	6 <input checked="" type="checkbox"/>	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a <input checked="" type="checkbox"/>	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b <input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a <input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b <input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<input checked="" type="checkbox"/>

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a <input checked="" type="checkbox"/>	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b <input checked="" type="checkbox"/>	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a <input checked="" type="checkbox"/>	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a <input checked="" type="checkbox"/>	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b <input checked="" type="checkbox"/>	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes" describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13 <input checked="" type="checkbox"/>	
14 Does the organization have a written document retention and destruction policy?	14 <input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a <input checked="" type="checkbox"/>	
b Other officers or key employees of the organization	15b <input checked="" type="checkbox"/>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a <input checked="" type="checkbox"/>	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b <input checked="" type="checkbox"/>	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **WV**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **222 Miller**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) David Miller - Executive Director	15 hrs	X						0	0	0
(2) Larry Moore - Director of Service	12 hrs	X						0	0	0
(3) Telitha Small - Promotional Service Coordinator	9 hrs				X			0	0	0
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

KROGER
500 DELAWARE AVENUE
304-342-6995
YOUR CASHIER WAS U-SCAN

KROGER PLUS CUSTOMER	*****3859
KRO WATER	PC 2 19 B
SC KROGER SAVINGS	0.20
KRO WATER	PC 2 19 B
SC KROGER SAVINGS	0.20
KRO WATER	PC 2.19 B
SC KROGER SAVINGS	0.20
RD sse level 2	0
RD fuel message	0
TAX	0.20
**** BALANCE	6.77

029 Kroger #778
500 DELAWARE AVENUE
CHARLESTON WV 25302
VISA Purchase
*****0693
TOTAL 6.77
REF# 026691

VISA	6.77
CHANGE	0.00
TOTAL NUMBER OF ITEMS SOLD =	3

***** KROGER SAVINGS *****	
KROGER PLUS SAVINGS.	\$ 0.60
TOTAL COUPONS	\$ 0.60
TOTAL SAVINGS (8 pct)	\$ 0.60
***** KROGER SAVINGS *****	

11/18/10 02 06pm 778 82 87 #
*****HOLIDAY REWARDS*****
A special promotion just for you!
Spend \$300 from 11/14 - 12/11 and
earn one 10% off total order from
12/26-01/11/2011.
Purchases exclude Rx, Fuel, gift cards
alcohol, tobacco and office services
One reward per household
You have accumulated \$245.76
including this order!
Thank you for shopping with us!

Save \$0.10 off Per gallon on 1 fillup
for every 100 Fuel Points

Fuel Points This Order = 7
Fuel Points Expiring 12/31/10 = 257
Points under 100 do not carry over.
Months' points do not combine.

See Store for Details & Restrictions
Or Visit www.kroger.com

SEE WHAT YOU ARE SAVING TODAY

**YOU SAVED \$0.60
WITH YOUR PLUS CARD**

ANNUAL KROGER PLUS SAVINGS \$592.01

THANK YOU FOR SHOPPING KROGER

SURVEY ENTRY CODE - 029 212

KROGER
500 DELAWARE AVENUE
304-342-6995
YOUR CASHIER WAS U-SCAN

	EDL GLOVES	PC	8 05
SC	KROGER SAVINGS	0 90	
	KROGER PLUS CUSTOMER	-*****3859	
	KRD HN' NTZ	PL	1 00 T
SC	KROGER SAVINGS	0.59	
	-TU HND SNTZ	PC	1 00 T
SC	KROGER SAVINGS	0.59	
RD	ase level 2		0
RD	fuel message		0
	TAX		0.60
	*** BALANCE		0.65

029 Kroger #778
500 DELAWARE AVENUE
CHARLESTON WV 25302
VISA Purchase
*****0693
TOTAL 10.65
REF#. 018553

VISA	10.65
CHANGE	0 00
TOTAL NUMBER OF ITEMS SOLD =	3

***** KROGER SAVINGS *****
KROGER PLUS SAVINGS \$ 2 08
TOTAL COUPONS \$ 2 08
TOTAL SAVINGS (17 pct.) \$ 2 08
***** KROGER SAVINGS *****

11/22/10 12.02pm 778 82 53 #
*****HOLIDAY REWARDS*****
a spec. promotion just for you!
Spend \$1 from 11/14 - 12/11 and
earn one off total order from
12/26-01/11 off total order from
Purchases exc.
alcohol tobacco fuel gift cards



TRANSACTION RETRIEVED:
RETRIEVAL NUMBER: 7/39

20 @ 4 49 PRSL FRT PIE 89.80 B

[illegible]

SC	UNDER P SAVINGS	0.20
	KROGER SAVINGS	0.20
SC	KROGER SAVINGS	0.20
	KRO SAVINGS	0.20
	KRO WATER	0.20
	KROGER SAVINGS	PC
	KRO WATER	2 19 B
	KROGER SAVINGS	0.20
	PLUS-CUSTOMER	PC
	use level 2	2 19 B
	ful message	0.20
	TAX	*****

12
TAX EXEMPTION
BALANCE

029 Kroger #778
500 DELAWARE AVE...
CHARLESTON
VISA

DOLLAR GENERAL STORE #02592
222 WASHINGTON ST W
CHARLESTON, WV 25302-2346
(304) 346-7757

1 00 14 NKSC LIVING-GA
01 54465475-3

1 00 S

SUBTOTAL \$1 00
TAX \$0 06
TOTAL \$1 06
CASH \$2 00
CHANGE \$0 94

ITEMS 1
2010-11-22 11:46:13 02592 01 8164



899401073005259320110910919919913912231121

----- CUT HERE -----

* We value your opinion! *
* You can be the next \$1,000 Winner! *
* We have 3 winners per month *
* Just complete a survey about today's *
* visit *
* Call Toll Free *
* 1-866-214-5750 *
* or visit www.dollargeneral.com/survey *
* If you experience problems with the *
* survey please call 1-800-382-4743 *
*



* Para completar un estudio *
* de esta tienda en Espanol y entrar *
* en uno de los sorteos para ganar \$1,000 *
* Por favor llame *
* 1-866-214-5750 *
*

DOLLAR GENERAL STORE #02592
 12 WASHINGTON ST W
 EUSTON, WV 25302-2346
 304) 346-7757

S S MINI PARTY CUP 7	1 00 S
041165142006 1	
S S MINI PARTY CUP 7	1.00 S
041165142006 1	
S S MINI PARTY CUP 7	1 00 S
041165142006 1	
FINGER PAINT SPONGE	1 00 S
400022593724 3	
SUBTOTAL	\$4 00
Tax1	\$0 24
TOTAL	\$4 24
CASH	\$20 00
CHANGE	\$15 76

ITEMS 4
 2010-11-18 12 44:01 02592 01 7095



----- CUT HERE -----

 * We value your opinion! *
 * You can be the next \$1,000 Winner! *
 * We have 3 winners per month *
 * Just complete a survey about today's *
 * visit *
 * Call Toll Free *
 * 1-866-214-5750 *
 * or visit www.dollargeneralsurvey.com *
 * If you experience problems with the *
 * survey, please call 1-800-382-4748 *
 *
 *
 *
 * Para completar un estudio *
 * de esta tienda en Espanol y entrar *
 * en unos sorteos para ganar \$1,000. *
 * Por favor llame *
 * 1-866-214-5750 *
 * o visita www.dollargeneralsurvey.com *
 *
 *
 *

 ----- CUT HERE -----

NET10[®]
SAVE \$5
 LG370G or LG300

NET10 LG320G NET10 LG300

Expires 11/27/10

Must present discount coupon to cashier
 Valid at Dollar General stores only.
 Limit one offer per customer, per day.
 No cash value. Photocopies not accepted.
 Products shown on front of coupon may not
 be available in all stores. Cashier
 Instructions: Place discount coupon
 in orange envelope and send to Carolina
 Coupons. If barcode does not scan, at
 the end of the transaction, key in the
 promotion code number, press enter, then
 total the transaction. Copyright 2010
 Dollar General Inc. All rights reserved.